



LAUREA UNIVERSITY OF APPLIED SCIENCES

“Mental health, depression and alcohol”:
Written material for health education lessons



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”Mielenterveys, masennus ja alkoholi” Kirjallista opetusmateriaalia terveystiedon opetukseen

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Tämän opinnäytetyön tarkoituksena oli tuottaa kirjallista opetusmateriaalia Kuitinmäen koulun englanninkielisten luokkien terveystiedon tunneille. Kahdeksaluokkalaisille suunnatun aineiston aiheeksi valikoitui alkoholi ja yhdeksäsluokkalaisille mielenterveys laajassa merkityksessä ja masennus. Tavoitteena oli että materiaali on informatiivista, motivoivaa, avointa ja koululaisten ikäryhmän huomioivaa sekä, että asioista puhuttaisiin suoraan ja ymmärtävästi ilman ennakkoluuloja.

Opinnäytetyö toteutettiin osana Kuitinmäki-hanketta joka kuuluu voimaannuttavan työn tutkimus- ja kehittämislinjau. Hankkeen kokonaistarkoituksena on ylläpitää ja edistää yläkouluikäisten terveyttä.

Systemaattisen kirjallisuuskatsauksen metodein toteutetun tutkimuksen tavoitteena oli luoda sanallinen ja selkeä kuvaus tutkittavista ilmiöistä järjestämällä aineisto tiiviiseen ja selkeään muotoon. Hajanaisesta aineistosta pyrittiin luomaan helposti ymmärrettävä ja yhtenäinen informaatiokokonaisuus. Tutkimus rakentui aluksi tutkimuksen suunnittelusta, joka sisälsi tutkimuskysymysten asettelun ja käsitteiden määrittelyn. Tämän jälkeen tutkimus eteni tutkimussuunnitelman mukaisesti lähteiden valinnan ja lähteiden sisällön tutkimuskysymysten mukaisen analyysin kautta raportointiin.

Tulosten perusteella käsitteet selventyivät, samalla kun tutkimuksen tekijälle tuli selkeä kuva tutkittavista ilmiöistä. Keskeisinä tuloksina nousivat esiin mielenterveyden määritelmä, mielenterveysongelmien, eteenkin masennuksen, esiintyvyys nuorten keskuudessa, alkoholikulttuurin vaikutus suomalaisnuorten alkoholinkäyttöön ja käytön seuraukset nuoren kehittyvälle elimistölle. Lisäksi terveystiedon opetuksen sisältö tuli ryhmittelyn ja yhdistelyn kautta selkeäksi jolloin sen saattoi purkaa teoreettiseen käsitteistöön ja kuvata selkeästi ja tiivistetysti opetusmateriaalin pohjaksi.

Valmis opinnäytetyö luovutetaan Kuitinmäen koulun englanninkielisten luokkien terveystiedon opetuksesta vastaavalle opettajalle.

Asiasanat: terveystiedon opetus, nuoruus, mielenterveys, masennus, alkoholi, opetusmateriaali

Erica Renberg

“Mental health, depression and alcohol”: Written material for health education lessons

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The purpose of this study was to produce written educational material to Kuitinmäki Secondary School’s English speaking classes for health education lessons. The material directed to eighth graders was to be about alcohol and the themes for ninth graders were the concept of mental health and depression. The aim was for the material to be informative, motivational, open and age related, and that the topics to be approached in a direct and understanding way, without prejudice.

The thesis was carried out as a part of the Kuitinmäki project which is a part of the empowering research and development line, it’s overall aim is to maintain and promote the health of secondary school pupils.

Carried out with the methods of a systematic literature review, the goal of the research was to create a narrative and clear description of the phenomena under study by organizing the material in a uniform and clear form. The research process started with a research plan which included the specification of the research questions and the definition of concepts. Hereafter, the research proceeded according to the research plan with the selection of sources, and the analysis of the sources’ content according to the research questions, through to reporting.

What rose out as central results, were the definition of the mental health, the appearance of mental health problems, depression in particular, among young people, the effect of the Finnish alcohol culture on the adolescents’ drinking and the consequences of drinking to the developing organs of the adolescent. Furthermore, the educational contents of health education became clear through grouping and combining the data and it was possible to take it into pieces into theoretical concepts and describe clearly and briefly to form the base of educational material.

The completed thesis will be handed over to the teacher in charge of health education in Kuitinmäki Secondary School’s English speaking classes.

Keywords: health education, youth, mental health, depression, alcohol, educational material

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1 Introduction

Since the 19th century, health related subjects have been taught in Finnish schools. In the course of times health education has been taught in connection with other subjects such as natural science, home economics and physical education. (Kannas, Peltonen & Aira 2009, 18)

In 2001 health education was written into the law as an independent subject for comprehensive school, upper secondary school and vocational education. This change was justified with the need to gather the education in clear units and to specify the objectives nationally. It was also seen that education has clear positive effects on the health of individuals and possibly in national health. Teaching on the grounds of the renewed curriculum was to begin in comprehensive schools at the latest in August 2006. (Kannas et al. 2009, 19-20)

Health education forms a continuum from preschool education to secondary schools. In grades one through four health education is taught as a part of the environmental and natural science, in grades five and six as part of biology and geography as well as physics and chemistry. From seventh to ninth grade health education is an independent subject. (Kannas et al. 2009, 19-20)

The objective is that, as part of their basic education, pupils will learn widely about health. Even though health education is an independent subject at upper school, its instruction must be planned in cooperation with the studies of biology, geography, physics, chemistry, home economics and social studies. The task of health education is thus not only the responsibility of the health education teacher but of the whole school community including the pupil welfare personnel. According to the regulation, the teachers of biology, physical education, home economics, psychology and social studies may teach health education without additional education until the year 2012. The intention is that psychological welfare, in health education lessons, is addressed in a versatile way. (Perusopetuksen opetussuunnitelman perusteet 2004, 200)

The basis of health education is teaching the pupils to understand that health is physical, mental and social functionality. Pupils are educated to understand psychological development and growth, especially in youth, and enable them to appreciate the balance between mind and body that provides good mental health. Subjects such as friendships, self-esteem, social relationships, are at the core of health education when mental health issues are concerned. (Perusopetuksen opetussuunnitelman perusteet 2004, 200-202)

Kuitinmäki School is situated in Olari, Espoo; its enrolment is over 400 and it offers bilingual teaching in English-speaking classes in grades 7-9. The education follows the Finnish comprehensive school curriculum. The English-speaking classes are intended for pupils who have had education in English in lower comprehensive school. (Espoo 2011)

Educational material on the topic of health education of has not been available in English and Kuitinmäki Secondary School's health education teacher has used material that he has collected from a variety of sources. (Kopisto 2011)

The purpose of this thesis is to; working in collaboration with the school, produce written material in the topic of mental health, depression and alcohol as chosen by the teacher. The material will consist of factual information, tasks and case histories.

The author of this thesis chose this topic because of interest on psychiatric nursing and adolescent psychiatry in particular.

2 The background and objective of the thesis

This thesis is part of the Kuitinmäki project which is a school health promotion project that Laurea University of Applied Sciences and Kuitinmäki Secondary School have executed in collaboration. The project has been going on since 2006 and has consisted of Health promotion action days, such as sexual health day and First Aid practices held in Kuitinmäki School. The project's main objective is the promotion of good health behaviour with various interventions. (Vattulainen, S. 2009)

This thesis aims to contribute to this purpose by giving tools for the health education teacher on mental health issues. The school's specific needs have been established in interviews face to face and by e-mail and, the themes chosen in addition to the broad concept of mental health are depression and alcohol. According to Kopisto (2011) the need to get the right information about alcohol is great among eighth-graders as it is the age when adolescents start experimenting with alcohol and their knowledge on the subject is not often based on facts. He sees independent decision making, versus social pressure, as one of the key themes as well as taking responsibility for oneself and friends. He has usually spoken for four to five hours about alcohol and about two hours of depression. Depression is, unfortunately, a common problem among youth and Kopisto (2011) feels that the pupils need to understand the cause of the illness and hoped the material to have a preventive approach to the subject. The size of the groups taught is approximately 20.

The objective is that the material is informative, motivational, frank and open. It also needed to take into consideration the pupils' age. The underline tone of the material was to be understanding all through.

As a driving force in the thesis was a strong belief that young people need to be educated in mental health issues in a frank and understanding way to empower them to maintain good mental health and to give and receive help when needed.

3 The theoretical basis and key concepts of the thesis

3.1 Adolescence

The material is targeted to eighth and ninth graders who are mainly 14-15 years old adolescents.

Adolescence (from the age of approximately 12 to 22, depending on the source) is a transitional stage between childhood and adulthood. Changes occur both mentally, physically and socially. According to developmental psychologist Erik Eriksson, personality develops in a series of stages across the whole lifespan. Eriksson saw that each of these stages bares the possibility to empower an individual becoming competent in an area of life. The question to be answered in adolescence is "Who am I and where am I going?" Success in this stage of development leads to the build-up of one's identity and a feeling of independence and control. Failure, however, can be the cause of feelings of inadequacy and confusion about the future. (Friis, Eirola, & Mannonen 2004, 44-47; Bailey & Shooter 2009, 13)

Puberty can be a chaotic life stage; this identity crisis can be full of turmoil and conflicts. Adolescence is the time when a sense of oneself develops and independence is explored. During adolescence, the need for privacy increases and the need to share thoughts with parents decreases while the importance of peer groups reaches its height. Friendships can help the adolescent to detach from the emotional dependence on parents. The peer's influence on the choices of the adolescent can be significant. This can be a positive thing but may also lead young people into all sorts of trouble. The importance of family as a safe haven is still great as the adolescent needs to feel loved in a possibly turbulent life stage. (Lönqvist, Aalberg & Partonen 2010, 591-593; Laukkanen, Marttunen, Miettinen & Pietikäinen 2006, 59-64)

3.2 Mental health

There are many different definitions of mental health. The perception can vary greatly depending on culture, religion and the values of the surrounding society. The World Health Organization defines health as "A state of complete physical, mental and social well-being, and not merely the absence of disease". Mental health can be portrayed as the balance between one self and the surrounding world and the ability to cope with the stresses that occur in a person's daily life. (WHO)

Some young people may use the word "mental" to signify mad, crazy or insane. Lack of information and misunderstanding are at the basis of the stigma of mental health and mental health problems. (Bailey & Shooter 2009, 151.)

Circumstances in the course of our lives differ and with them, our level of emotional well-being. Emotional well-being can be defined as the ability to enjoy life, healthy self-esteem, ability to interact with other people and the ability to look forward to the future with optimism. (Bailey & Shooter 2009, 154.)

A varied nutrition, adequate sleep, physical exercise, good social network and meaningful hobbies can help in creating and maintaining good mental health.

The exact aetiologies of mental problems are not known. Some of the known reasons are biological as genetic inheritance or brain abnormality, psychological for example lack of adequate support systems, major cumulative life stress or indeed social factors such as poverty and trauma caused by the environment of growth. (Lönqvist et al. 2010, 596)

The prevalence of mental health problems in youth is double the one of the children which makes it as big as within the adult population. Approximately up to 25 per cent of adolescents suffer from mental health problems of some kind and 7-8 per cent of those are estimated to be in need of special help. The most important problems are behavioural disorders, anxiety and substance abuse. In early adolescence behavioural disorders and attention deficit disorders are the most common, boys being more often affected than girls. Later in adolescence depression and anxiety disorders are prominent and more often concern girls than boys. Girls tend to be more active in seeking professional help. (Lönqvist et al. 2010, 596-597)

3.3 Depression

Feeling depressed and suffering from depression are two different things. Melancholy, bad mood, discouragement and occasional loss of self-worth are part of being human but become a problem when these feelings dominate and hinder the everyday life. (Lönqvist et al. 2010, 157-158) Depression is diagnosed in the means of detailed interviews and questionnaires. An important criterion is the length of symptoms, anything less than two weeks is not considered as clinical depression. In making a diagnosis, it is important to distinguish depression from bipolar disorder as the treatment is significantly different. (Duodecim 2010)

According to the Finnish Medical Society Duodecim, nearly five per cent of Finns suffer from depression in a years' time making depression a major factor in national health, and particularly because most suffering from it never seek professional help. Women have almost double the risk to get depression. (Duodecim 2010)

Depression does not have any single cause. Psychological, social and biological reasons and often their combination are believed to be behind depression. Genetic predisposition combined with stressful events in life, losses, bereavement, bullying, abuse and many social diffi-

culties such as trouble in friendships may increase the risk of depression. (Lönqvist et al. 2010, 167-180). Sometimes, although seldom, depression can be caused by the deficiency of folic acid or vitamin B12, a malignant brain tumour, some neurological diseases, stroke or heart attack. (Duodecim 2010)

A majority of young people with depression also suffer from other mental syndromes such as anxiety, substance abuse and different personality disorders. Anxiety disorder often precedes depression. Men are more likely to experience substance abuse before suffering from depression. Depression is a psychic disturbance with many forms and stages. (Duodecim 2010)

The severity of depression varies; it can be divided into mild, moderate, severe or psychotic. A patient with mild depression can usually function normally while in moderate cases the patient is often unable to work and cope with everyday life. Those with severe form of depression are almost always unable to work or manage without help. Psychotic depression requires treatment within special health care as the sense of reality of the patient is impaired; this is manifested as hallucinations and delusions. (Duodecim 2010)

If untreated, depression impairs the quality of life significantly as a depressed person finds it hard to feel joy as hopelessness and apathy take over. Other symptoms of depression include irritability, persistent distress, tearfulness, emotional outbursts, loss of interest and feelings of motivation and gratification, increased or decreased sleep and changes in appetite. Problems with memory and difficulties in concentrating can make everyday life difficult, deepening the depression and creating a vicious circle. (Luhtasaari 2009) Young people suffering from depression can withdraw from family members and friends, participation in hobbies can seem too much to bear. On the other hand, anxiety that is often related to depression can cause restlessness that may present itself as the inability to be alone and the need to constant companionship. Adolescents may need to be on the move at all times and seek excitement. Combined with feelings of worthlessness, they can be tempted to consume large amounts of alcohol, cause mischief and engage in casual sex. These activities can cause severe repercussion. If untreated, severe depression can significantly impact on an adolescent's ability to develop and cope with the challenges of growing up. (Haarasilta & Marttunen 2000)

Some people suffering from mental health problems, use self-harm as an attempt to find a way of coping with extreme and painful feelings. When emotional pain becomes intolerable and the feelings of worthlessness are intense, some people see self-harm a way to punish themselves. Painful emotions are then directed inwardly and culminate in self-harm. Self-harm is an action that is intended to injure oneself physically, not to end life but, the feelings that make some people self-harm are very powerful. People who self-harm are many times more likely to attempt suicide than those, who do not. Forms of self-harm vary, some leave a visible mark, and others do not. Cutting, burning and hitting are some of the methods used to self-harm. (Middleton & Garvie 2010, 11-14)

Self-destructive behaviour is often a symptom of mental health problems such as depression, bipolar disorder, psychosis and substance abuse. Binge drinking and reckless conduct in traffic are an example of indirect self-destructive behaviour. Death wish and suicidal thoughts usually precede direct self-destructive actions such as contemplating suicide and suicide attempts. (Haarasilta & Marttunen 2000)

Although mild depression can sometimes go away by itself, early diagnosis and adequate treatment are important in tackling depression. Treatment consists of therapy or medication, often the combination of both. (Bailey & Shooter 2009) When treating under aged patients, it is helpful if family and sometimes school are in co-operation. (Haarasilta & Marttunen 2000)

In the acute-phase of depression the objective is to treat the symptoms. The choice of treatment depends on the severity of the condition and the patient's life circumstances. Mild to moderate depression may get better within several months without treatment or with the help of psychotherapy when, in severe depression, medication is in an important role. The most common type of medication used to treat depression, is SSRI (Selective serotonin reuptake inhibitor) drugs. Other treatments include light therapy for patients with seasonal affective disorder, electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS), a sort of magnet therapy. (Duodecim 2010)

Alcohol and drugs make most people more vulnerable, complicate life and may lead to dependency or addiction. People suffering from depression may use alcohol or drugs as a way of "self-medication". However, alcohol and depression are not a good combination as alcohol can exacerbate depression. A depressed person abusing alcohol or other controlled substance has a much higher risk of attempting suicide because of the increase of impulsiveness and impairment of judgment. (Bailey & Shooter 2009, 232, 279-287)

3.4 Alcohol use

Alcohol use in Finland has tripled in the last four decades. Statistics from 2008 show, that the total annual consumption of pure alcohol was nearly 10.5 litres per inhabitant which shows decline of 1.5 per cent on the previous year. This amount of alcohol is anything but evenly distributed. The drinking habits of many are below the average, some drink the average amount and a small part excessively. Only about 12 per cent of Finnish adults are teetotal. Differences in drinking habits have been explained by people's characteristic variations, preferences, physiology and the genes that define these traits. The most significant raise in the last forty years has occurred in the consumption of wine, especially since the middle of

1980s. Beer is still the most popular choice, followed by spirits, wine, cider and long drink. Legislation has played a significant role in the change of consumer habits in the means of taxation and availability. In 1969 medium strength beer became available in grocery stores, increasing alcohol consumption and the side effects associated with it. In 2004 Finland reduced its taxes on alcohol beverages by 33% on average, the total consumption of alcoholic beverages rose sharply. (Mäkelä, Mustonen & Tigerstedt 2010, 14-17)

In 1968, men accounted for 88% of all alcohol consumed in Finland, nowadays women's alcohol use has increased from 12% to 26% at the same time as they began to work outside the home and have their own income. This has changed drinking culture making alcohol a part of social events among both sexes. (Mäkelä et.al 2010, 292)

Late 60s and early 70s drinking alcohol became part of youth culture and from the middle of 80s alcohol consumption has risen especially among young girls. The new millennium has seen an increase in teetotal adolescents at the same time as the amount consumed by those who do drink, is on the rise. (Mäkelä et.al 2010, 133)

The Finnish legislation determines, at least in principle, when young people are able to get their hands on alcoholic beverages. The Alcohol Act states that "any person who deliberately at an age below 18 years possesses legally produced or imported alcoholic beverages or as a person who has reached the age of 18 but not 20 years possesses legally produced or imported spirit drinks" and "serves alcoholic beverages or spirits to a person under 18 to the effect that the person becomes intoxicated, and the serving can, taking account of the minor person's maturity level and other circumstances, also judged as a whole be considered reprehensible", "shall be sentenced to a fine for a minor alcohol offence, unless a more severe punishment for the act is prescribed elsewhere in the law." (Finlex).

Even though the legislation determines the transmitting of alcohol to minors as a punishable act, adolescents still manage to get hold of alcoholic beverages. Most of the times under aged get alcohol from friends, older siblings or, sometimes from parents who may buy their children alcohol or adolescents steal from home. Young people also attempt, and sometimes succeed, to purchase alcohol themselves from retailers. (Holmila, Karlsson & Raitasalo. 2005, 308-309)

Young people are a lot more likely to suffer physically, mentally and socially from the effects of alcohol as they are far less equipped in all fronts. The body of a child or adolescent is much more strongly affected by alcohol than adult's. Alcohol consumption can damage organs such as the liver, heart, and brain and, if heavy drinking starts at an early age, these damages occur sooner. The brain is particularly at risk as its developing all thought childhood until adulthood. Drinking alcohol in teenage years can seriously damage the parts of the brain that are in a pivotal role in the development of an adult personality and conduct. The health

risks caused by alcohol on young people suffer are double compared to adults. These changes cause substance addiction and can be permanent. (Kiianmaa, Hyytiä & Partonen 2007 9-11; Mäkelä et al. 2010,15, 66-67)

Alcohol-related problems can be divided into the problems caused by individual occasions of drinking and those due to prolonged consumption. Intoxication acutely weakens the ability to think, observe and react and decreases inhibitions and judgement. It can lead to dangerous situations such as unprotected sex, dangerous behaviour causing injuries, being raped or assaulted, and committing various crimes. Long term problems include, in addition to the above mentioned serious health hazards, detrimental social and psychological consequences. Relationships with family and friends can suffer as well as hobbies, studies, careers and finances. (Mäkelä et. al. 2010, 20-21)

Kylmänen (2005, 23) divides young people's alcohol use as follows

1. Abstinence
2. Experimental Use
3. Occasional use
4. Early worrying or harmful use
(harmful consequences of the use start to occur)
5. Harmful use
(frequent and regular substance abuse, often with harmful consequences)
6. Substance dependency

The most common levels of use for concern are between two and four. Transition from one level to another is typically fast.

Regular use of alcohol increases tolerance, and the use may become harmful. Harmful use is characterized by problematic situations, the increase of alcohol doses, concise weekly alcohol use, or occasional use which is characterized by a very large amount of alcohol. (Kylmänen 2005, 23)

Finish adolescents' alcohol use concentrates on weekends when adults' drinking is divided more evenly through the week. This is especially true when speaking of binge drinking, statistics show that 80 per cent of young men's and 90 per cent and the young women's intoxication-oriented drinking occurred during the weekend. The percentages of 50 - 69-year-olds was 30-40. (Mäkelä et.al 2010, 58)

Why do we drink alcohol? According to researches, the situations where alcohol is consumed provide us with social, psychological and gastronomic experiences that exceed the harms

involved. Drinking makes people feel relaxed, outgoing, happy and even euphoric. Ways of drinking and of thinking about drinking are culturally bound. The attitudes, norms, functions and motives connected to the use of alcohol depend on the culture. (Mäkelä et.al 2010, 7)
 Young people drink to blend into groups, to feel more confident and to seek excitement. (Kylmänen 2005, 41)

The use of alcohol in Finland is common and it is often considered as a normal form of social contact. In our culture binge drinking, drinking alcohol specifically in order to attain intoxication is nowadays, if not fully accepted, highly tolerated, even in public. The majority of Finns don't hesitate to get drunk at least on special occasions. There is seldom need to justify alcohol use, but rather the lack of it. (Mäkelä et.al 2010, 7)

3.5 Substance abuse prevention

Substance abuse prevention has several levels, decreasing and preventing the onset of substance use and limiting the development of problems associated with it, such as illnesses. (Kylmänen, 2005, 13)

Preventiimi, a national knowledge centre operating as a specialist and support service in the implementation of youth substance abuse prevention, stresses that youth substance abuse should be approached in a humane way, respecting individuals and not focusing on problems. As a general objective youth substance abuse prevention has promoting health and welfare by encouraging a substance-free lifestyle and by reducing substance use and the disadvantages caused by it. The unjustified blaming of adolescents as a specific problem group is not appropriate. Blaming, stigmatizing and moralizing have been proven to be a bad way to influence the use of substances. When working with minors, the importance of the statutory age has to be emphasized. (Pylkkänen, S., Viitanen, R. & Vuohelainen, E. 2010, 3, 12)

Substance abuse prevention focuses on improving young people's understanding of the various substance abuse-related risks and strengthening the protecting factors. Social empowerment is, for example, supporting, promoting inclusion, encouraging and being present as an adult in an adolescent's daily life. Substance abuse prevention work aims primarily to the general protection of the strengthening factors, although it can be also address the risks related to substance abuse. There are several protective factors; these are some of the most common:

- Confidential social relationships within the community
- The opportunity to influence one's own position and future
- Self-esteem and self-knowledge

- Awareness of the risks of substance use
- Responsible attitude towards substance abuse in the immediate community
- Critical substance use cultures
- Restricted availability of substances and the appropriate control of them
- Responsible attitude to substance use.

Risk factors in turn are characteristics of either the individuals or the environment that will increase the likelihood a disturbance or a problem. Substance abuse prevention aims to reduce the risks or the impact of these risks and strengthening the protective factors. Risk for substance abuse may include:

- Social mistrust and low self-esteem
- Uncontrollable life changes
- Pressure favouring substances in the social environment
- Loneliness and exclusion from the age group
- Unfavourable social circle, for example as dropping out of school or work-life
- Easy availability of drugs and the lack of control
- Alcohol use in order to get intoxicated
- Substance use when alone
- High-risk behaviour and accident-prone intoxication

The fact that young people have a lot of protective factors in their lives does not mean that they are completely safe from problems. Similarly, a larger number of risk factors does not mean that young automatically would be particularly problematic. Protective factors strengthen young people and encourage in the right direction. Risk factors in turn, predispose to problems, but finally the individual events can influence the choices made by young people.

When giving information about common substance abuse risks, the approach should be from the perspective of general prevention, avoiding unnecessarily far-fetch horror scenarios. The focus should not be the focus but actions between people. (Pylkkänen et.al. 2010, 14-15)

Kylmänen (2005, 26-29), has studied young people's attitudes towards substance abuse prevention by collecting information from approximately 20 000 encounters with in events surrounding the theme. From these encounters he learnt that most adolescents are keen to have frank discussion about substances. They feel that their homes are the place where attitudes are formed and, that school offers a natural forum to talk about alcohol and other substances. Adolescents expect to be heard and to be treated as equals. They hope that their life circumstances and attitudes are understood and, that they are treated as individuals. They don't want to be fed readymade truths and decisions but want to, based on the information received, make their own conclusions. Education is the building block for human development in many levels. Education can give the powerful instruments to achieve the skills and knowledge needed to fulfil one's true potential in life. Knowledge empowers and can help people gain control over their own lives.

3.6 Educational material

WHO defines health education as “any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.” (WHO)

Good teaching has to be based on the scientific information. It would indeed be difficult to justify unscientific teaching. At its best, teaching is motivational, inspiring, activating, and meaningful, aimed to be understood and has a deep approach to learning. The pupils' different learning styles both between the girls and the boys and individual development differences and the backgrounds have to be taken into consideration. (Opetushallitus 2004, 17)

According to the New National Core Curricula, learning is an active process that has a goal. It involves independent or shared problem-solving. Learning methods are to develop social, learning, thinking, working and problem-solving abilities. Opportunities for creative activities and experiences are also important. (Finnish National Board of Education)

Educational material is a tool for assisting learning. There isn't any single way to make good material; the need varies according to the subject, course, pupils and situation. The material needs to serve both the teacher and the students. It is important to consider why and to whom the material is produced. What kind of material is needed? (Oulun yliopisto)

Instead of trying to learn by heart, students should be encouraged to be active in finding and evaluating relevant information. This can only be achieved when the material arouses interest and encourages independent thinking. The pupils can also be involved in making their own

teaching material. A good educational material illustrates and diversifies the lesson while it also gives space for thinking. A situation, in which a student has to write, listen and think about at the same time, is likely to prevent anyone from learning. Too much material can make the learning process more difficult. Study material should be fairly compact and to the point for the learners to realize the essence of it. (Oulun yliopisto)

Written educational materials can be textbooks, workbooks, exercise books, teachers' manuals, hand-outs or newspapers. (Oulun yliopisto)

Henna Sipola (2008) studied, in her master's thesis, ninth graders' experiences of teaching methods and educational material of health education lessons. Her researches show that the interviewed pupils thought that the best methods of education are discussion, teamwork, watching audio-visual material and reading. They also saw that learning was easier when the teachers' working methods were versatile. Student-centred methods, such as giving presentations themselves, were especially associated with meaningful learning experiences. Real-life stories and richly illustrated material received praise from students.

The aim of this project was to produce two separate packages of hand-outs, one for the eighth grade and the other for the ninth. The content consists of factual information, tasks, case histories and some illustrations. The produced material is intended to raise awareness and to stimulate thinking and conversation. The ideal is that the information given is, as well as based on scientific researches, honest, understanding, thought-provoking, informative and eye-opening.

By increasing the pupil's knowledge in mental health issues, and thus giving them means to maintain it, we can help them to improve the quality of their life and to be prepared for problems life might throw at them. Mental illnesses still bear a stigma and people affected can encounter fear, ridicule or prejudice by their surroundings. Giving objective information about the cause, nature and prevalence of mental health and mental health problems, attitudes can change.

4 Description of the research methods

The aim was to gather together reliable, scientific information and, using the information, to produce material to be used in health education lessons.

According to Johansson etc., a systematic literature survey proceeds stage by stage from planning to reporting. The first stage is planning the survey. Information that can be found in earlier studies and scientific publication is examined and based on this information the needs of the survey are defined and a research plan is made. Next, the methods of the survey are chosen, that is, defining the search terms and the sources of choice. At the second stage, the survey proceeds according to the research plan, the sources, like databases and citation indexes are chosen, and their content is analysed according to the research questions. At the third stage of the systematic literature survey, the results are reported and the conclusion made. (Johansson et al. 2007, 5-7.)

The Finnish comprehensive school curriculum states quite specifically the subjects the pupils are to be educated on and the health education teacher has also given his view on what subjects were to be addressed more profoundly.

4.1 The production process

In the planning stage, the author of this thesis visualized the information packages as tool boxes with “power tools” for self-empowerment. The planning of this thesis started by exploring what contents the boxes needed to include. Finding the highest quality tool from reliable sources was the second step. The following is an overview of the production process of the information packages. (See appendix 1 for mental health and depression, appendix 2 for alcohol)

4.1.1 Mental health

It was considered necessary to define the concepts before dealing with them with greater depth. WHO is an internationally respected expert in health related issues and the obvious source when such concepts as health and mental health are addressed. Mental is a commonly used word in everyday speech, often in a negative sense. Mental health was connected with emotional wellbeing because it appears to have a more positive sound. As mental health as a concept might bring to mind all the possible problems, the aim was to highlight the fact that mental health is positive.

It was also important to emphasize that our emotional well-being is not stable but varies as our circumstances in life too.

Getting across all the different reasons why people may suffer from mental health problems was a natural pathway into the means of prevention. The source used was the Finnish Medical Society Duodecim's Current Care guidelines and the book "Psykiatria" as Duodecim is scientifically reliable and its guidelines evidence-based. (Duodecim, nettisivut ja kirja Psykiatria)

An important message to get across was the fact that mental health problems can be treated but prevention is even easier. Factual information about mental health problems and the tools to maintain and better mental health was pivotal.

The effect of lifestyle choices on mental health are at the core of health education. The emphasis was on social and emotional issues.

The handbook *Depis*, is targeted for non-professionals and therefore provides information in a clear and understandable way. "Nuorten mielenterveys" by Marttunen et al. is, as the title suggests, a book about young people's mental health and thus gives a good perspective on young people's mental health in specific.

4.1.2 Depression

One of the most important things to get across on the subject of depression was the difference between feeling depressed and suffering from depression. Again the aetiology is an important issue, the different forms and stages as well as the symptoms. Duodecim's Current Care guidelines and the book "Psykiatria" was a source for the above mentioned reasons, and Luhtasaari's *Depis* describes the symptoms in a comprehensible way.

Having come across many young people who harm themselves, it felt important to put across that it's not a slight peculiarity or in fact a "cool" or "trendy" thing to do, but it might be a sign of serious problems. It can also make people frustrated when they see closed ones harming themselves by self-harm or other self-destructive behaviour and understanding the reason can help. Middleton's & Garvie's book is an in-depth look into this phenomenon.

The purpose was to encourage the adolescents to seek help if they ever felt that they might be suffering from depression. The most common treatment methods needed to be introduced. Because of their point of view of depression concerning young people in particular, the books by Bailey & Shooter and Marttunen et al. were chosen as sources.

Anyone suffering from depression needs to know that although alcohol can make a depressed person feel somewhat better for a while, in the long run, it makes things worse. Bailey & Shooter tackled this issue in their book.

The questions are meant to make the pupils reflect on what they have been studying. The aim is also to make the pupils think about the stigma mental health problems bear. Asking the pupils, to mention ten things that make them happy and unhappy, was intended to help them realize them.

4.1.3 Alcohol

After a short introduction to the subject of alcohol, the age limit is discussed, as recommended by Preventiimi. It was emphasized that, even though alcohol is not healthy for adults, it really is very harmful for children and adolescents. Preventiimi is a national centre of expertise when young people's substance abuse prevention is concerned. It aims to offer professionals high quality information.

The possible physical, social and psychological dangers of alcohol use to minors were presented as was the fact that alcohol use can start as experimenting but can become a real problem. Alko and The National Public Health Institutes Mental Health and Alcohol Research department have constructed in collaboration, the brochure "Alkoholi&ivot", which deals with the risks alcohol can cause adolescents.

Peer pressure seemed, even before conducting the research, as an important reason for adolescents to start experimenting with alcohol. It was also one of the subjects that came up when talking with Lauri Kopisto, the health education teacher. It felt useful to provide the adolescents with tools for making them choose for themselves and to encourage them to think about the social phenomenon of peer pressure. Another theme raised by the health education teacher, was the sense of responsibility for friends but, it also felt necessary to make sure the pupils realize that, it too, has a limit. Kylmänen's substance use prevention handbook provided background information to accomplish this.

4.1.4 General implementation considerations

Certain requirements were set in relation to the sources. They needed to be scientific, reliable and up to date.

The language used was aimed to be easy to read and the contents understandable. Complex medical words were avoided when possible and the point of view was that of the adolescents', thus aiming to raise interest in the pupils. In relation to the appearance of the hand outs, Consolas was selected as the font style as it's simple and clear. Illustrations were done "by order" by the thesis's authors daughter to avoid any copyright issues.

All in all, the final result is satisfactory. Ambitions grew as the thesis progressed and in hindsight, a lot could have been done better and more creatively.

Unfortunately, due to scheduling, the material was not tested in practise. Therefore vital information and experience were not obtained to refine the material.

5 Discussion

5.1 Ethical considerations

The Concise Oxford Dictionary defines ethics as, "the moral principles governing or influencing conduct, the branch of knowledge concerned with moral principles." (Pearsall 1999, 490)

Laurea Research and Development Strategy 2009 - 2012, states that every student working on their thesis, must act according to good scientific practice. (Laurea)

The choice of the thesis topic is the first of the ethical decisions that have to be made during the process of writing a thesis. The usefulness of the research should be considered. (Kankkunen & Vehviläinen-Julkunen 2009, 176 - 177.) Other critical points include the selection of information sources and practices, such as the methods to be used when gathering research documentation or methods of development as well as the analysis, reliability evaluation and reporting of the data that has been collected. (Heikkilä, Jokinen & Nurmela 2008,44)

The ethical way to use other writer's material is a part of research ethics, all research must be carried out without exploiting others. All studies, including theses have to have a list of references as well as relevant references within the text to make a distinction from other writer's text from one's own. Direct quotes must be put between quotation marks. (Kankkunen & Vehviläinen- Julkunen 2009, 141.)

All the above mentioned ethical considerations have been taken into account when researching and reporting this thesis. The topic of the thesis was chosen in the basis that the educational material was needed and, that the author felt that she had the knowledge and experience the project acquired. The sources were chosen with care and reported accurately and honestly. References, both within the text and in the list of references, were marked in the appropriate way.

5.2 Trustworthiness

The finished material must be based on scientifically proven fact and not the writer's own attitudes and perceptions. The reliability is assessed during the whole process in relation to the chosen topics, references, theories and the interpretation and analysis. The thesis can only be reliable when the research has been carried out with precision and honesty. The choice of data sources can guide the development and research, and even distort it. An in-depth criticism of sources is essential. Reporting is important in research and development projects as the results of the research are intended to be benefited from. Without proper reporting, as good as the results may be, they are not available to those who could benefit from them. (Heikkilä, Jokinen & Nurmela 2008,44-45)

The research for this thesis has been made by selecting relevant sources and by assessing the quality of each study, report and other literary source. The findings have been interpreted and presented in an impartial summary.

5.3 Discussion of the findings

The transition from childhood to adulthood brings many challenges. Adolescents distance themselves from family, and friends influence their opinions and actions. Newfound sense of freedom and peer pressure can lead to dangerous behaviour.

Our culture is very open to alcohol use and binge drinking is, if not fully accepted at least well tolerated. These values and norms are passed to each new generation. However, alcohol is harmful for young people; it can jeopardize brain development and predispose one to alcoholism. While young people's alcohol use is intended to be limited by legislation, the existing alcohol culture seems to have a stronger influence. Children need information about alcohol and other substances as well as substance-free role models. When doing research for the material about alcohol use, it came very apparent how big of a responsibility one takes when educating young people. It is not to be taken lightly.

The need for knowledge also applies to mental health issues. Without the relevant information, young people can find it difficult to maintain and improve mental health, and seek help when needed. Through health education, we can increase their knowledge and, influence their attitudes towards mental health, thus helping them to avoid mental disorders that can have lifelong consequences. The stigma of mental health and mental health problems can be reduced by providing young people with information.

5.4 Conclusion and Recommendations

The aim of health education is that the pupils receive information about health and learn skills and attitudes to maintain healthy living. Health education is based on multidisciplinary knowledge and aims to promote pupils' health, welfare and safety and to increase students' ability to reflect and to value issues related to health and diseases. In addition, the aim is to promote the ability to critically evaluate social health-related cultural phenomena, and to take responsibility for the promotion of their own and others health. (Perusopetuksen opetussuunnitelman perusteet 2004, 200-202)

According to the Finnish comprehensive school curriculum, health education should be taught in methods that encourage the pupils' active participation. The essential things to understand are what issues affect one's health, and which ones are most important to each individual as well as how they can influence these things in their daily lives. (Perusopetuksen opetussuunnitelman perusteet 2004, 200-202)

The research that was made for this thesis has reinforced the belief that participation promotes learning. Health education should be inclusive, activating and thought-provoking. Issues need to be discussed openly, without prejudices. When the focus is on the preventive measures, the adolescents can learn to promote their emotional well-being and manage the challenges life brings.

Kuitinmäki project has been very successful for many years and I believe that the co-operation between Laurea University of Applied Sciences and Kuitinmäki Secondary School will continue in the future. For future recommendation, I hope the educational material produced in this thesis would be tested and modified. More material could also be produced from other viewpoints. I also feel that the most suited methods when teaching mental health issues in specific need to be researched, psychodrama might be something that could be used.

References

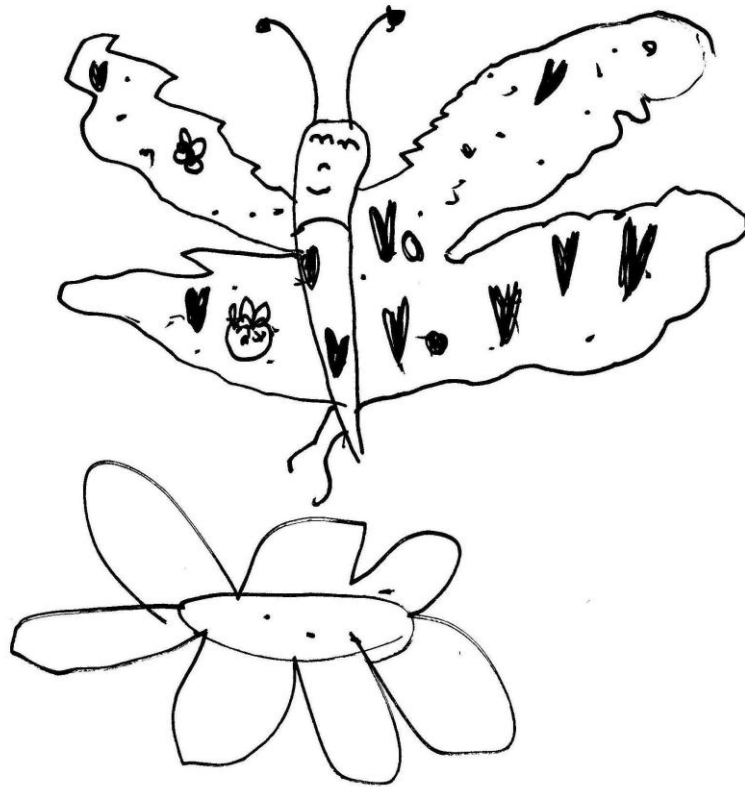
- Bailey, S. & Shooter, M. 2009. The Young Mind. London: Transworld Publishers.
- Duodecim. 21.10.2010. Depressio, Käypä hoito.
<http://www.kaypahoito.fi/web/kh/suosituksset/naytaartikkeli/tunnus/hoi50023?hakusana=masennus> Read 2.2.2011.
- Espoo, Bilingual Finnish-English Instruction <http://english.espoo.fi/default.asp?path=32373;37337;45340;37081;141582;14158>. Read 4.2.2011.
- Finlex <http://www.finlex.fi/fi/laki/kaannokset/aakkos.php?lang=en&letter=A> Read 4.9.2011.
- Finnish National Board of Education
http://www.oph.fi/english/sources_of_information/articles_and_presentations/101/new_national_core_curricula Read 10.10.2011.
- Friis, L., Eirola, R. & Mannonen, M. 2004. Lasten ja nuorten mielenterveystyö. Helsinki: Werner Söderström Osakeyhtiö
- Haarasilta, L. & Marttunen, M. 2000. Nuorten masennus. The National Institute for Health and Welfare (THL), department of mental health and alcohol research
http://www.ktl.fi/portal/suomi/osastot/mao/mielenterveystietoa/nuorten_masennus
- Heikkilä, A., Jokinen, P., Nurmela, T. 2008. Tutkiva kehittäminen. Helsinki: Werner Söderström Osakeyhtiö
- Holmila, M., Karlsson, T. & Raitasalo, K. 2005. Alaikäisten alkoholiostot. Yhteiskuntapolitiikka vol 70, 2005:3, s. 305-310 [PDFdocument].
http://info.stakes.fi/pakka/FI/tutkimus/tutkimustulokset/alaikaisten_alkoholiostot.htm Read 16.9.2011.
- Johansson, K., Axelin, A., Stolt, M. & Ääri, R-L. (editors) 2007. Systemaattinen kirjallisuuskatsaus ja sen tekeminen. Turun yliopisto. Hoitotieteen laitoksen julkaisuja tutkimuksia ja raportteja sarja A51.
- Kankkunen, P. & Vehviläinen-Julkunen, K. 2009. Tutkimus hoitotieteessä. Helsinki : WSOY pro
- Kannas, L., Peltonen, H., Aira, T. 2009. Kokemuksia ja näkemyksiä terveystiedon opetuksesta yläkouluissa, Terveystiedon kehittämistutkimus osa I. Jyväskylän yliopisto. Helsinki: Edita Prima. [PDFdocument]. Read 10.10.11.
http://www.oph.fi/download/115911_kokemuksia_ja_nakemyksia_terveystiedon_opetuksesta_ylakouluissa.pdf
- Kiianmaa, K., Hyytiä, P., Partonen, T. 2007 Kansanterveuslaitos, Mielenterveyden ja alkoholitutkimuksen osasto. [PDFdocument]. Read 10.09.11.
[www.alko.fi/fi/.../\\$file/Alkoholi_ja_aivot.pdf](http://www.alko.fi/fi/.../$file/Alkoholi_ja_aivot.pdf)
- Kopisto, L. 2010. Health education teacher's interview. Kuitinmäki Secondary School, Espoo.
- Kopisto, L. 2011. Health education teacher's interview. Kuitinmäki Secondary School, Espoo.
- Kylmänen, P. 2005. Kun kaikki muutkin... Nuorten ehkäisevä päihdetyö. Tampere: Tammer-Paino Oy

- Laukkanen, E. Marttunen, M. Miettinen, S. & Pietikäinen, M. (editors) 2006. Nuoren psyykkisten ongelmien kohtaaminen. Helsinki: Kustannus Oy Duodecim.
- Laurea-ammattikorkeakoulu. T&k-strategia. 2010. [PDFdocument].
www.laurea.fi/SiteCollectionDocuments/Strategiat/TK_strategia.pdf
 Read 16.10.11
- Vattulainen, S. 2009. Laurea-ammattikorkeakoulu, LbD. [PDFdocument].
<http://lbdconference.laurea.fi/pdf/Sirpa%20Vattulainen%20Learning%20by%20developing%20in%20school%20health%20promotion%20project.pdf> Read 11.2.2011
- Luhtasaari, S. (editor) 2009. Depi- masennuksen eri muodot. Helsinki: Kustannus Oy Duodecim
- Lönnqvist, J., Heikkinen, M., Henriksson, M., Marttunen, M. & Partonen, T. (editors) 2010. 5-8th revised edition. Psykiatria. Helsinki: Kustannus Oy Duodecim.
- Middleton, K. & Garvie, S. 2008. Self Harm- The Path to Recovery. Oxford: Lion Hudson plc
- Mäkelä, P. Mustonen, H. & Tigerstedt, C. (editors) 2010. Suomi juo - suomalaisten alkoholin käyttö ja sen muutokset 1968-2008. Terveiden ja hyvinvoinnin laitos. [PDF-document].
www.thl.fi/thl-client/pdfs/371e1e08-9bc1-47ea-81aa-68b04f27088c Read 24.9.2011
- Opetushallitus, Perusopetuksen opetussuunnitelman perusteet 2004 [PDF-document].
www.oph.fi/ops/perusopetus/pops_web.pdf Read 10.2.2011.
- Oulun yliopisto, Opetuksen kehittämissyksikkö
<http://www oulu.fi/opetkeh/kehtoimi/oppimat/index.html> Read 10.10.2011
- Sipola, H. 2008. Miten terveystietoa tulisi opettaa? 9. luokan oppilaiden kokemuksia terveystiedon opetusmenetelmistä ja oppimateriaaleista. Jyväskylän yliopisto. Terveystieteiden laitos. [PDFdocument].
https://jyx.jyu.fi/dspace/bitstream/handle/123456789/18882/URN_NBN_fi_jyu-200808255678.pdf?sequence=1. Read 8.10.11
- Pearsall, J. (editor) 1999. The Concise Oxford Dictionary. 10th edition. Oxford: Oxford University Press Inc.
- Pyökkänen, S., Viitanen, R. & Vuohelainen, E. (editors) .2010. What is youth substance abuse prevention? Support material for first-rate substance education. Preventiimi - a Knowledge Centre for Youth Substance Abuse Prevention. HUMAK University of Applied Sciences, Series C: Educational materials. [PDF-document].
http://www.preventiimi.fi/sites/preventiimi.juhaniemidesign.com/files/resurssipankki/Nept_eng%202%20painos%20taitettu.pdf Read 29.10.2011
- The National Institute for Health and Welfare (THL)
http://www.ktl.fi/portal/suomi/tietoa_terveydesta/elintavat/alkoholi Read 10.09.2011.
- The National Institute for Health and Welfare (THL), department of mental health and alcohol research <http://www.ktl.fi/portal/16317> Read 14.8.2011.
- World Health Organisation. Üstün & Jakob. 2005;83:802. Re-defining 'Health'
http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/ Read 14.3.2011.

Appendices

Appendix 1

Mental health & depression



Mental health

Definition:

The World Health Organization defines **health** as "*A state of complete physical, mental and social well-being, and not merely the absence of disease*".

Mental health can be portrayed as the balance between one self and the surrounding world and the ability to cope with the stresses that occur in a person's daily life.

Mental health is a positive!

Emotional well-being can be defined as the ability to enjoy life, healthy self-esteem, the ability to interact with other people and the ability to look forward to the future with optimism.

Aetiology of mental health problems:

The exact aetiologies of mental problems are not known. Some of the known reasons are biological, such as genetic inheritance or brain abnormality, psychological for example, the lack of adequate support systems, major cumulative life stress or indeed social factors such as poverty or trauma caused by the environment of growth.

Ways to prevent mental health problems:

A varied nutrition, adequate sleep, physical exercise, good social network and meaningful hobbies can help in creating and maintaining good mental health as well as good relationships with friends and family and the opportunity to talk about feelings.

- ✓ Positive and active attitude towards life
- ✓ Doing things that make you feel joy and pleasure
- ✓ Maintaining and improving your self-esteem
- ✓ Listening to your own feelings
- ✓ Tolerance towards others and oneself
- ✓ The opportunity and the ability to relax with suitable and meaningful hobbies

Mental health problems can be treated but are easier to prevent.

A positive and active attitude towards life can change your outlook on life. But unpleasant emotions are also meaningful; they can tell you important things about yourself. Get to know yourself, it's helpful to know the things that make you happy and what gives you grief. Try to fill your life with things that make you feel joy. Don't be afraid of occasional sadness, fear, anxiety or concern, try to find the courage to explore these feelings and you have a chance to improve your life by finding solutions to overcome them.

Talk About Your Feelings

Talking about your feelings, by sharing them, you might find the feelings and your situation a lot clearer. You may also get a new perspective or advice, but the main thing is to be heard. For some people, writing a diary, poetry or visual arts can feel like a natural way to express themselves. If you keep your feelings locked inside, you may feel even worse.

A hug can make you feel so much better (even hugging a tree)!



Depression

Feeling depressed and suffering from depression are two different things. Melancholy, bad mood, discouragement and occasional loss of self-worth are part of being human but become a problem when these feelings dominate and hinder the everyday life.

Depression is diagnosed in the means of detailed interviews and questionnaires. An important criterion is the length of symptoms, anything less than two weeks is not considered as clinical depression.

Depression does not have any single cause. Psychological, social and biological reasons and often their combination are believed to be behind depression. Genetic predisposition combined with stressful events in life, losses,

bereavement, bullying, abuse and many social difficulties such as trouble in friendships may increase the risk of depression.

Sometimes, although seldom, depression can be caused by the deficiency of folic acid or vitamin B12, a malignant brain tumour, some neurological diseases, stroke or heart attack.

A majority of young people with depression also suffer from other mental syndromes such as anxiety, substance abuse and different personality disorders. Anxiety disorder often precedes depression.

Depression is a psychic disturbance with many forms and stages. The severity of depression varies; it can be divided into mild, moderate, severe or psychotic. A patient with **mild** depression can usually function normally while in **moderate** cases, the patient is often unable to go to school or to work and cope with everyday life. Those with **severe** form of depression are almost always unable to work or manage without help. **Psychotic** depression requires treatment within special health care as the sense of reality of the patient is impaired; this is manifested as hallucinations and delusions.

If untreated, depression impairs the quality of life significantly as a depressed person finds it hard to feel joy as hopelessness and apathy take over. Other symptoms of depression include irritability, persistent distress, loss of interest and feelings of motivation and gratification, tearfulness, emotional outbursts, increased or decreased sleep and changes in appetite. Problems with memory and difficulties in concentrating can make everyday life difficult, deepening the depression and creating a vicious circle.

Young people suffering from depression can withdraw from family members and friends, participation in hobbies can seem too much to bear. On the other hand, anxiety that is often related to depression can cause restlessness that may present itself as the inability to be alone and the need to constant companionship. Adolescents may need to be on the move at all times and seek excitement. Combined with feelings of worthlessness, they can be tempted to consume large amounts of alcohol, cause mischief and engage in casual sex. These activities can cause severe repercussion. If untreated, severe depression can significantly impact on an adolescent's ability to develop and cope with the challenges of growing up.

Some people suffering from mental health problems, use **self-harm** as an attempt to find a way of coping with extreme and painful feelings. When emotional pain becomes intolerable and the feelings of worthlessness are intense, some people see self-harm a way to punish themselves. Painful emotions are then directed inwardly and culminate in self-harm. Self-harm is an action that is intended to injure oneself physically, not to end life but, the feelings that make some people self-harm are very powerful. People who self-harm are many times more likely to attempt suicide than those, who do not. Forms of self-harm vary, some leave a visible mark, and others do not. Cutting, burning and hitting are some of the methods used to self-harm.

Self-destructive behaviour is often a symptom of mental health problems such as depression, bipolar disorder, psychosis and substance abuse. Binge drinking and reckless conduct in traffic are an example of indirect self-destructive behaviour. Death wish and suicidal thoughts usually precede direct self-destructive actions such as contemplating suicide and suicide attempts.

If depressive symptoms are severe, don't hesitate- get help!
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Treatment

Although mild depression can sometimes go away by itself, early diagnosis and adequate treatment are important in tackling depression. Treatment consists of **therapy** or **medication**, often the combination of both. When treating under aged patients, it's helpful if family and in some cases, school is in co-operation.

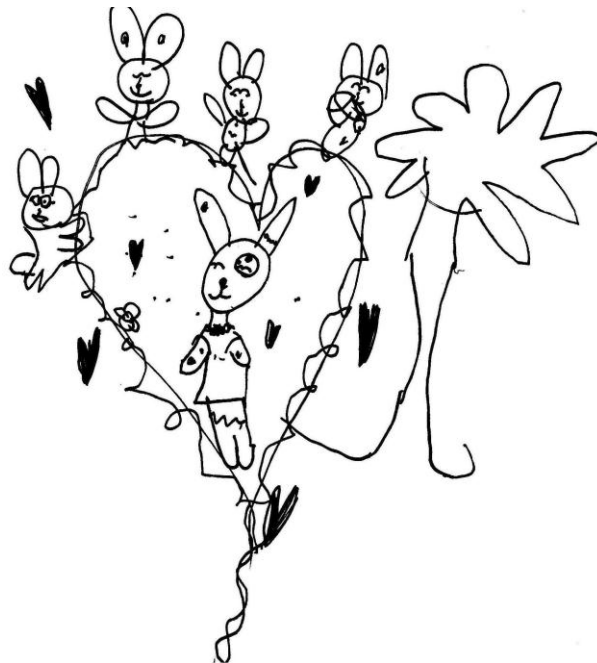
In the acute-phase of depression the objective is to treat the symptoms. The choice of treatment depends on the severity of the condition and the patient's life circumstances. Mild to moderate depression may get better within several months without treatment or with the help of psychotherapy when, in

severe depression, medication is in an important role. The most common type of medication used to treat depression, is SSRI (Selective serotonin reuptake inhibitor) drugs. Other treatments include electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), a sort of magnet therapy and light therapy for patients with seasonal affective disorder.

Alcohol and drugs make most people more vulnerable, complicate life and may lead to dependency or addiction. People suffering from depression may use alcohol or drugs as a way of “self-medication”. However, alcohol and depression are not a good combination as alcohol can exacerbate depression. A depressed person abusing alcohol or other controlled substance has a much higher risk of attempting suicide because of the increase of impulsiveness and impairment of judgment.

Depression can sometimes force us to stop and think about our life and the changes that need to happen.

"I think I had been suffering from depression for many years, I just didn't know it. I thought it was a personality trait to cry a lot. I explained my need for solitude by the fact that I'm an only child. My way to comfort myself was overeating. I now think it started when my parents divorced when I was nine years old, and my mom used to treat me with sweets and fast-food when I was sad. I only became aware that I had a problem when my weight increased by ten kilos per year. I was so lonely and sad! I went to see a doctor who was specialized in eating disorders because I wanted for her to make me better by giving me some slimming pills. Instead she told me that I needed psychiatric help. I was a bit disappointed but trusted the doctor. I got psychotherapy and medication for my depression. It took me a few months to feel better and years to totally overcome the disease. I wish I had known more about mental health issues so that I could have gotten help sooner. I am now a happy adult with a nice job and wonderful family" Anne



Does the word “mental” mean mad, crazy or insane? If not, what does it mean?

What is the difference between feeling depressed and suffering from depression?

Write a list of 10 things that make you unhappy

Write a list of 10 things that make you happy.

References

Bailey, S. & Shooter, M. 2009. *The Young Mind*. London: Transworld Publishers.

Duodecim

<http://www.kaypahoito.fi/web/kh/suosituksset/naytaartikkeli/tunnus/hoi50023?hakusana=masennus>

Haarasilta, L. & Marttunen, M. 2000. Nuorten masennus. The National Institute for Health and Welfare (THL), department of mental health and alcohol research http://www.ktl.fi/portal/suomi/osastot/mao/mielenterveystietoa/nuorten_masennus

Lönnqvist, J., Heikkinen, M., Henriksson, M., Marttunen, M. & Partonen, T. (editors) 2001. 2nd revised edition. *Psykiatria*. Helsinki: Kustannus Oy Duodecim.

Middleton, K. & Garvie, S. 2008. *Self Harm- The Path to Recovery*. Oxford: Lion Hudson plc

World Health Organisation <http://www.who.int>

Drawings: Cara Renberg 8 years

Appendix 2

Alcohol



Alcohol

Alcoholic beverages are made from natural products such as grain and fruit through fermentation and distillation.

The alcohol in alcoholic beverages is ethyl alcohol (ethanol). $\text{CH}_3\text{CH}_2\text{OH}$

Classified as depressant substance, it affects the nervous system in several ways. Alcohol alters behaviour, performance, and mood. Common symptoms may include slurred speech, uncharacteristic behaviour, impaired balance, poor coordination and reddened eyes.

Blood alcohol content means the concentration of alcohol in blood, measured by volume as a percentage. One 0.1% or, 1‰ means that there is a gram of pure alcohol in a litre of blood.

An example of the approximate blood alcohol levels:

One bottle of medium strength beer → 0, 2 ‰ adult

→ 0, 5 ‰ adolescent

Alcohol can make a person relaxed and joyful. It can make you lose your inhibitions. This is the reason alcohol is often used in celebrations and other social gatherings. But while losing your inhibitions can make you feel good at the time; the consequences may not, once you're sober.

Alcohol poisoning means that the blood's and the body's alcohol content rises so high that the deeper control centres of the brain can be paralyzed. The systems that regulate respiration and blood pressure are sensitive to large alcoholic contents, especially those of young people.

How much alcohol has been consumed determines the severity of hangover. The symptoms can be physical and mental symptoms including fatigue, weakness, thirst, headache, muscle aches, dizziness, tremor, nausea, vomiting, depression, anxiety and irritability.

Alcohol-related problems are discussed in more detail later on.

Young people and alcohol

What is the legal age limit?

The Alcohol Act states that “any person who deliberately at an age below 18 years possesses legally produced or imported alcoholic beverages or as a person who has reached the age of 18 but not 20 years possesses legally produced or imported spirit drinks” and “serves alcoholic beverages or spirits to a person under 18 to the effect that the person becomes intoxicated, and the serving can, taking account of the minor person’s maturity level and other circumstances, also judged as a whole be considered reprehensible”, “ shall be sentenced to a fine for a minor alcohol offence, unless a more severe punishment for the act is prescribed elsewhere in the law.”

Why is it that minors are not allowed to drink alcohol?

Young people are a lot more likely to suffer physically, mentally and socially from the effects of alcohol as they are far less equipped in all fronts. The body of a child or adolescent is much more strongly affected by alcohol than adult’s. Alcohol consumption can damage organs such as the liver, heart, and brain and, if heavy drinking starts at an early age, these damages occur sooner. The brain is particularly at risk as its developing all thought childhood until adulthood. Drinking alcohol in teenage years can seriously damage the parts of the brain that are in a pivotal role in the development of an adult personality and conduct. The health risks caused by alcohol on young people suffer are double compared to adults. These changes cause substance addiction and can be permanent.

Alcohol is not healthy for adults but it’s especially harmful to minors. Adolescents may become alcohol dependent in a few months, when it takes years for an adult.

Alcohol-related problems can be divided into the problems caused by individual occasions of drinking and those due to prolonged consumption. Intoxication acutely weakens the ability to think, observe and react and decreases inhibitions and judgement. It can lead to dangerous situations such as unprotected sex, dangerous behaviour causing injuries, being raped or assaulted, and committing various crimes. Long-term problems include, in addition to the above mentioned serious health hazards, detrimental social and psychological consequences. Relationships with family and friends can suffer as well as hobbies, studies, careers and finances.

Young people's alcohol use can be divided as:

1. Abstinence
2. Experimental use
3. Occasional use
4. Early worrying or harmful use
(harmful consequences of use start to occur)
5. Harmful use
(frequent and regular substance abuse, often with harmful consequences)
6. Substance dependency

The most common levels of use for concern are between two and four. Transition from one level to another is typically fast.

Regular use of alcohol increases tolerance, and the use may become harmful. Harmful use is characterized by problematic situations, the increase of alcohol doses, concise weekly alcohol use, or occasional use which is characterized by a very large amount of alcohol.

Peer pressure

Sometimes friends do things you don't want to do. You might feel that you are expected to do the same even no-one says anything at all.

The art of saying no...

What to say in a situation where you feel pressurised to do something you don't feel comfortable with?

- No, thanks.
- I'm not interested.
- I have my parent's trust and I don't want to betray it.
- I don't want to get into trouble.
- I don't want any and I don't have the need to justify myself.

Why do people give in to peer pressure?

- Fear of ridicule.
- The want to be liked, to fit in.
- "Everyone's doing it".
- Fear of upsetting someone.

What if you think your friend drinks too much and you are worried?

You can start by talking to them if you are worried they might get hurt or do something they'll regret later. You can encourage them to talk to an adult at home or in school.

Don't leave your friend alone when they are so drunk they can't take care of themselves. You can call your friend's parents or yours and they should know what to do. In some situations it could be necessary to call the emergency number 112 for help.

It's important to take care of your friends but remember that, as a child, you are not responsible for someone else's life.

How can you tell if someone's alcohol use is problematic?

You may notice that your friend no longer keeps his or her promises; they may start to have trouble in school, conflicts, violent behaviour, a new circle of friends or be in general indifferent about things that use to matter to them.

What might help someone to stop drinking too much?

Intervention by a friend or family, seeking professional help, other meaningful things to do, new friends, a new girlfriend or boyfriend, a new hobby...



What could be your way to refuse alcohol?

How would you feel if a friend offered you alcohol when you already said no?

Why do you think the friend would try time and again to offer you alcohol?

What do you think your friend thinks of you if you don't give in to peer pressure?

Can peer pressure have some benefits?

Do you think parents should buy alcohol to their under aged children?

Why do you think some adolescents drink alcohol and some don't?

Do parents' of siblings' attitudes have an influence on your drinking?

Is alcohol use every one's own business?

Is it possible to have a nice party without alcohol?

What could be a situation where you should not get involved?

What could be an alcohol related situation where you might need to call 112?

"I drank my first beer with two of my closest friends, in a park, on my 15th birthday. A friend of a friend had bought us three beers each. He was our age but looked a lot older so we paid him a small fee and got our beers. It tasted so nasty! I almost vomited but kept on going. When the cans were empty, we were all laughing in hysterics. Everything was soooooo funny! We wanted more and one of my friends went home and stole some vodka from he's dad who, at this point had already passed out. And I had thought beer tasted bad! Gagging I forced the burning liquid down my throat. It went to my head like a rocket! I could hardly walk; I fell on the ground but didn't feel any pain. So this is how it felt to be drunk! The euphoria didn't last for long; I started to feel really nauseated and the worst thing was that I had lost my friends. Fortunately my mum had always said that I can, and have to, come home for the night, no matter what. I was a bit afraid to call her but did so and she came to pick me up. I puked in the car on the way home... When I woke up the next afternoon, I felt so bad. My mom was very disappointed in me but I also had the hangover of my life." Roni

References

Finlex <http://www.finlex.fi/fi/laki/kaannokset/aakkos.php?lang=en&letter=A>

Holmila, M., Karlsson, T. & Raitasalo, K. 2005. Alaikäisten alkoholiostot. Yhteiskuntapolitiikka vol170,2005:3,s.305-310[PDFdocument]. http://info.stakes.fi/pakka/FI/tutkimus/tutkimustulokset/alaikaisten_alkoholi_ostot.htm

Kiianmaa, K., Hyytiä, P., Partonen, T.2007 Kansanterveyslaitos, Mielenterveyden ja alkoholi-tutkimuksenosasto.[PDFdocument]. [www.alko.fi/fi/.../\\$file/Alkoholi_ja_aivot.pdf](http://www.alko.fi/fi/.../$file/Alkoholi_ja_aivot.pdf)

Kylmänen, P. 2005. Kun kaikki muutkin... Nuorten ehkäisevä päihdetyö. Tampere: TammerPaino Oy

Mäkelä, P. Mustonen, H. & Tigerstedt, C. (editors) 2010. Suomi juo - suomalaisten alkoholin käyttö ja sen muutokset 1968-2008. Terveyden ja hyvinvoinnin laitos. [PDF-document]. www.thl.fi/thl-client/pdfs/371e1e08-9bc1-47ea-81aa-68b04f27088c

Pylkkänen, S., Viitanen, R. & Vuohelainen, E. (editors) .2010. What is youth substance abuse prevention? Support material for first-rate substance education. Preventiimi - a Knowledge Centre for Youth Substance Abuse Prevention. HUMAK University of Applied Sciences, Series C: Educational material. [PDF-document]. http://www.preventiimi.fi/sites/preventiimi.juhaniemidesign.com/files/resurssi/pankki/Nept_eng%20%20painos%20taitettu.pdf

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